

AO 435 AZ Form (Rev. 3/2018)				Administrative Office of the United States Courts TRANSCRIPT ORDER				FOR COURT USE ONLY DUE DATE:	
1. NAME Daniel J. Quigley				2. PHONE NUMBER (520) 867-4450		3. DATE April 30, 2019			
4. FIRM NAME Daniel J. Quigley, PLC									
5. MAILING ADDRESS 5425 E. Broadway Blvd., Suite 352				6. CITY Tucson		7. STATE AZ		8. ZIP CODE 85711	
9. CASE NUMBER 2:18-cr-00422			10. JUDGE Brnovich			DATES OF PROCEEDINGS			
						11.		12.	
13. CASE NAME United States v. Lacey, et al.				LOCATION OF PROCEEDINGS					
				14. Phoenix		15. STATE AZ			
16. ORDER FOR									
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT			<input type="checkbox"/> BANKRUPTCY		
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS			<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)									
<input type="checkbox"/> OPENING STATEMENT (Defendant)									
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING				Status Hearing/Motion		April 23, 2019			
<input type="checkbox"/> BAIL HEARING				to Modify Release Cond.					
18. ORDER									
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)			ESTIMATED COSTS		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY					
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)					
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)					
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>							
DAILY	<input type="checkbox"/>	<input type="checkbox"/>							
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>							
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS quigley@djqpplc.com					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.					
19. SIGNATURE /s/ Daniel J. Quigley									
20. DATE April 30, 2019									
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL					
ORDER RECEIVED		DATE	BY	PROCESSED BY			PHONE NUMBER		
DEPOSIT PAID				DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES					
TRANSCRIPT RECEIVED				LESS DEPOSIT					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT				TOTAL DUE					

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ORDER RECEIPT

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